Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>01-23-07</u>	Address:	335 S 3 rd St
Case #:	<u>32F27303</u>	•	Clinton, IN
County:	<u>Vermillion</u>		
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Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
	onal Lab	Residence	☐ Hotel/Motel
Dumpsi	cal/Glassware/Equipment (only) ite (only)	☐ Outbuilding	Open – No Structure
	io (omy)	⊠ Vehicle	☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s);			
Flammable Solvents:			
Water Reactive Metal (Lithium): <u>In vehicle</u>			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
·			.•
Child under age 18 discovered (check one)		<u>Investigative</u>	Information
$\boxtimes_{N_0}^{res}$ —	(number present)	Ephedrine	Pseudoephedrine Tracking Log
	port to Child Protective Services		rehant Tip entory scarch
This report is to be faxed to the following agencies that serve the location:			
	ment: Clinton City F D	Fax: N/A	
Health Department: Vermillion County		Fax: <u>765-83</u>	<u>2-3684</u>
Child Protection Service:		Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>J.D. Goldner</u> / 5228 Phone (812)299-1153			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case tile, and a copy sent to the Clandestine Laboratory Team Leader for retention,